## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/542258

| Г                                                                        |                                                | CL AURC                                      | AC EU ED                                                                                   | DADT                                 | • · · · · · · · · · · · · · · · · · · · |          | <del>· · · · · · · · · · · · · · · · · · · </del> |                                                  |    |                     |                        |
|--------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------|----------|---------------------------------------------------|--------------------------------------------------|----|---------------------|------------------------|
| ľ                                                                        |                                                | CLAIMS                                       |                                                                                            | (Column 1) (Column 2)                |                                         |          | SMALL EN<br>TYPE                                  | TITY                                             | OR |                     | R THAN<br>ENTITY       |
| U.S. NATIONAL STAGE FEES                                                 |                                                |                                              |                                                                                            |                                      | (00.02)                                 | ſ        | RATE                                              | FEE                                              | 7  | RATE                | FEE                    |
| BASIC FEE                                                                |                                                |                                              | SMALL ENT. = \$ 150                                                                        |                                      | LARGE ENT. = \$ 300                     | 8        | ASIC FEE                                          | <del>                                     </del> | OR | BASIC FEE           | 300                    |
| EXAMINATION FEE                                                          |                                                |                                              | Satisfies PCT Art                                                                          |                                      | All other situations = \$ 100 / \$ 200  | Ε        | XAM FEE                                           | <del>                                     </del> | 1  | EXAM. FEE           | 200                    |
| SEARCH FEE                                                               |                                                |                                              | U.S. is ISA = \$5<br>ALL other coun<br>\$ 200 / \$ 4                                       | 50 / \$ 100<br>ntries =              | All other situations = \$ 250 / \$ 500  | s        | EARCH FEE                                         |                                                  |    | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                 |                                                |                                              | minus 100 =                                                                                |                                      | / 50 =                                  | ſ        | X \$ 125 =                                        |                                                  | 1  | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                |                                              | 10 minu                                                                                    | us 20 =                              |                                         | T        | X \$ 25 =                                         |                                                  | OR | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS                                                       |                                                |                                              | 3. minus 3 = .                                                                             |                                      | •                                       | T        | X \$ 100 =                                        |                                                  | OR | X \$ 200 =          |                        |
| MU                                                                       | LTIPLE DEPE                                    | NDENT CLAIM PR                               | ESENT                                                                                      |                                      |                                         | T        | + \$ 180 =                                        |                                                  | OR | + \$ 360 =          | · -                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                              |                                                                                            |                                      |                                         | _        | TOTAL                                             |                                                  | OR | TOTAL               | 900                    |
| (NOT COMPLIANT) (Column 2) (Column 3)                                    |                                                |                                              |                                                                                            |                                      |                                         | _        | SMALL E                                           | NTITY                                            | OR | OTHER<br>SMALL E    |                        |
| AMENDMENT A                                                              | 7/5/05                                         | CLAIMS REMAINING AFTER AMENDMENT             |                                                                                            | HIGHI<br>NUME<br>PREVIO<br>PAID F    | BER PRESENT<br>USLY EXTRA               |          | RATE                                              | ADDI-<br>TIONAL<br>FEE                           |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | - 10                                         | Minus                                                                                      | -30                                  | -                                       | Γ        | X \$ 25 =                                         |                                                  | OR | X \$ 50 = .         | \ /                    |
|                                                                          | independent                                    | •3                                           | Minus *                                                                                    | 3                                    | -                                       | $\Gamma$ | (\$ 100 =                                         |                                                  | OR | X \$ 200 =          | X                      |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                              |                                                                                            |                                      |                                         | F        | \$ 180 =                                          |                                                  | OR | + \$ 360 =          | /\                     |
|                                                                          | -                                              |                                              | ,                                                                                          | •                                    |                                         | TO       | TAL ADDIT.                                        | ·                                                | OR | TOTAL ADDIT.<br>FEE |                        |
| •                                                                        |                                                | (Column 1)                                   |                                                                                            | (Colum                               | n 2) (Column 3)                         |          |                                                   |                                                  | ٠  |                     |                        |
| 옮ㅣ                                                                       |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                                                                                            | HIGHE<br>NUMBI<br>PREVIOU<br>PAID FI | ST<br>ER PRESENT<br>JSLY EXTRA          |          | RATE                                              | ADDI-<br>TIONAL<br>FEE                           | ſ  | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | •                                            | Minus **                                                                                   | •                                    | =                                       | $\Gamma$ | (\$ 25 =                                          |                                                  | OR | X \$ 50.=           |                        |
|                                                                          | Independent                                    | •                                            | Minus                                                                                      | ••                                   | -                                       | ×        | \$ 100 =                                          |                                                  | OR | X \$ 200 =          |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                              |                                                                                            |                                      |                                         | 1        | \$ 180 =                                          |                                                  | OR | + \$ 360 =          |                        |
|                                                                          |                                                |                                              |                                                                                            |                                      |                                         |          | TAL ADDIT.<br>FEE                                 |                                                  | OR | OTAL ADDIT.<br>FEE  |                        |
|                                                                          |                                                |                                              | ,                                                                                          |                                      |                                         |          |                                                   | •                                                |    |                     |                        |
| ***                                                                      | if the "Highest Nu<br>If the "Highest Nu       | mber Previously Paid<br>mber Previously Paid | enly in column 2, w<br>I For" IN THIS SPAC<br>I For" IN THIS SPAC<br>For" (Total or Indepe | E is less t<br>E is less t           | han "20", enter "20".                   | he apj   | i xod etshqoro                                    | n <b>column 1</b> ,                              | •  |                     |                        |